

Montana Medicaid - Fee Schedule
Personal Assistance Services
Proposed July 1, 2016

Description – Procedure code short description. You must refer to the appropriate official CPT-4 or HCPCS coding manual for complete definitions in order to assure correct coding.

Modifier - When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination. For example:

U9 = self-directed

TS = follow-up service used for personal assistance and self-directed personal assistance.

Effective – This is the first date of service for which the listed fee is applicable.

Method – Source of fee determination

Fee Schedule: Rates listed are maximum paid.

PA – Prior Authorization

Y: Prior authorization is required

Space: Prior authorization is not required

Proc	Modifier	Modifier	Description	Effective	Method	Fee	PA
A0080			Non-Emergency Transportation - per mile	10/1/2008	Fee Schedule	\$0.33	
S5126			Community Supports Services	7/1/2016	Fee Schedule	\$5.65	
S5126	U9		Community Supports Services	7/1/2016	Fee Schedule	\$4.48	
T1019			Personal Assistance Services - 15 minutes	7/1/2016	Fee Schedule	\$5.65	
T2001			Medical Escort	7/1/2016	Fee Schedule	\$5.65	
T1019	U9		Self-Directed Personal Assistance Services - 15 minutes	7/1/2016	Fee Schedule	\$4.48	
T2001	U9		Medical Escort	7/1/2016	Fee Schedule	\$4.48	